

**DECLARATION OF INVENTORSHIP AND POWER OF ATTORNEY
FOR UNITED STATES PATENT OR DESIGN APPLICATION**

Attorney Docket No. 11894

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled
SEALING APPLIANCE

the specification of which

- (check one) is attached hereto.
- was previously filed. U.S. serial number not yet available to applicant. A copy of the specification as filed is attached for identification purposes.
- was filed on November 22, 2000 Attorney Docket No. 11894
- was filed on _____ Under Application Serial No. _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information which is material to Patentability as defined in 37 CFR § 1.56.

I hereby claim the benefits under 35 USC § 119(e) of any United States application(s) listed below, or 35 USC § 172 of any foreign application(s) listed below.

Prior US Provisional or Foreign Application(s):

<u>APPLICATION NUMBER</u>	<u>COUNTRY</u>	<u>FILING DATE</u> (Day/Month/Year)
<u>9801885-6</u>	<u>Swedish</u>	<u>28/05/98</u>

I hereby claim the benefit under 35 USC § 120 of any United States application(s) listed below, and any prior filed International application under 35 USC § 365 listed below, and so far as the subject matter of each of the claims of this application is not disclosed in the prior application, I acknowledge the duty to disclose to the Office information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the filing date of this application.

<u>APPLICATION NUMBER</u>	<u>FILING DATE</u> (Day/Month/Year)	<u>STATUS</u> (Patented, Pending, Abandoned)
<u>PCT/SE99/00878</u>	<u>25/05/99</u>	<u>(Patented, Pending, Abandoned)</u>

I hereby appoint the following attorney(s) and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: KEITH H. ORUM (33985), SUSAN M. KEATING (41887), ANDREW D. BABCOCK (44517), GEORGE F. DVORAK (17656).

Address all telephone calls and correspondence to:

ORUM & ROTH
53 West Jackson Boulevard
Chicago, Illinois 60604-3606
Telephone No. 312 922 6262
Fax No. 312 922 7747

I hereby declare that all statements made by me of my own knowledge are true and that the statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1-02 Full name of sole or first inventor: ÅRTHIN-Nils

Inventor's signature: Nils Årthin Date: 26/1 - 2000

Residence (City & Country): Öckerö, Sweden Sex: M Citizenship: Swedish

Post Office Address: Sockenvägen 12, SE-430 90 Öckerö, Sweden

Full name of sole or second inventor:

Inventor's signature: _____ Date: _____

Residence (City & Country): _____ Citizenship: Swedish

Post Office Address: _____

Full name of sole or third inventor:

Inventor's signature: _____ Date: _____

Residence (City & Country): _____ Citizenship: Swedish

Post Office Address: _____

Full name of sole or fourth inventor:

Inventor's signature: _____ Date: _____

Residence (City & Country): _____ Citizenship: _____

Post Office Address: _____

Full name of sole or fifth inventor:

Inventor's signature: _____ Date: _____

Residence (City & Country): _____ Citizenship: _____

Post Office Address: _____

Full name of sole or sixth inventor:

Inventor's signature: _____ Date: _____

Residence (City & Country): _____ Citizenship: _____

Post Office Address: _____

Full name of sole or seventh inventor:

Inventor's signature: _____ Date: _____

Residence (City & Country): _____ Citizenship: _____

Post Office Address: _____